Approved for use through (77.51201.2 Mode)

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U.S. Patient and Teademark Office; U.S. DEPARTMENT OF COMMERCE
Under the paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a tipplity's a valid CMS control number.

| PETITION FOR EXTENSION OF TIME UN | Docket Number (Optional) | | |
|--|---|------------------------------|-----------------------------------|
| FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | 37808-0011 | |
| Application Number 10/541,361 | | Filed 07-06-2005 | |
| For NOVEL SURFACTANTS AND USE T | THEREOF | | |
| Art Unit 1796 | | Examiner DELCOTTO, GREGORY R | |
| This is a request under the provisions of 37 CFF application. | t 1.136(a) to extend the period | d for filing a reply in th | ne above identified |
| The requested extension and fee are as follows | (check time period desired a | nd enter the appropria | ite fee below): |
| | Fee | Small Entity Fee | |
| One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ <u>65</u> |
| Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ |
| Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ |
| Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ |
| Five months (37 CFR 1,17(a)(5)) | \$2350 | \$1175 | \$ |
| Applicant claims small entity status. See 37 | CFR 1.27. | | |
| A check in the amount of the fee is end | losed. | | |
| Payment by credit card. Form PTO-203 | 8 is attached. | | |
| The Director has already been authorize | ed to charge fees in this a | pplication to a Depo | sit Account. |
| ▼ The Director is hereby authorized to che Deposit Account Number _ 50-4257 | arge any fees which may l | be required, or credi | it any overpayment, to |
| WARNING: Information on this form may beco Provide credit card information and authoriza | ome public. Credit card information on PTO-2038. | ation should not be inc | luded on this form. |
| I am the applicant/inventor. | | | |
| | entire interest. See 37 CF FR 3.73(b) is enclosed (F | | |
| attorney or agent of reco | rd. Registration Number_ | 36,614 | |
| attorney or agent under 3 Registration number if actin | | | |
| Main Motabola | | May 17, 2010 | |
| Signature | | Date | |
| Marvin A. Motsenbocker | | 202-828-1008 | |
| Typed or printed name | | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of signature is required, see below. | of the entire interest or their represent | ative(s) are required. Submi | t multiple forms if more than one |
| Total of forms are submitted. | | | |

This collection of information is required by 37 CPR 1,138(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO be process) an application. Confidentially is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minuted or complete, including glathering, prepared, and administry their completed explaination forwards by operating upon the individual cases. Any comments on the amount of time you require to complete this form and or suggestions for reducing this burdon, should be sent to the Chief information Chief. U.S. Patient and Trademark Cliffox, U.S. Department of Commence, P.O. Box 1490, Abscardin, V.A. 2225-1430, D.O. NOT SHID PEES OR COMPILETED. FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Atexandria, VA 22313-1450.